

up of a coal-washry at an air-distance of 300 to 400 meters from population;

(b) if so, whether there can be a grave danger of public health;

(c) if so, what are such grave dangers; and

(d) the distance at which coal washry of 50 lakh tonnes capacity should be set up keeping in view the public health?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) According to ICMR the cleaning process to remove impurities from the coal is called coal washing. Each coal type has different washable characteristics depending on grindability, friability, specific gravity and surface property. The effects on public health depend upon the quality of coal, the technology used in washing and the practices adopted by the washry. Most of the problems due to coal washing are environmental in nature. The dangers can be (i) the piles of slurry of impurities are prone to erosion, because the runoff the seepage from these piles is highly acidic; (ii) the acidic runoff contains heavy metals which can form sulphuric acid and iron and also dissolves metals like manganese, zinc and nickel, which can be toxic to aquatic life.

(d) The safe distance for establishing a coal washry can be determined only after analyzing the topographic characteristics of the land, the geological properties of the terrain, the nature of the slurry and the type of coal involved in washing. Any coal washry plant is reported to seek Environmental Clearance as per Ministry of Environment and Forests notification dated 14-9-2006 before setting up the industry. Environmental Impact Assessment study needs to be conducted by the Project Proponent for assessment of the impact distance of coal washery including 50 lakh ton capacity.

Medical tourism

1894. SHRI VIJAY J. DARDA:
SHRIMATI MOHSINA KIDWAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that medical tourism is on the boom and lots of overseas patients are landing up in India for medical treatment from neuro-surgery to common ailments;

(b) if so, in what way Government propose to facilitate the overseas patients to find right treatment in the proper and recognized Hospitals in the country;

(c) whether the latest stringent visa norms would restrict the overseas patients from coming to India when other countries are competing in this profession; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) Of late, it was noticed that a large number of foreigners are coming to India for medical treatment as Private Health care in India is undergoing fast change by improving super-specialty facilities. The foreigners coming for medical treatment in India were being granted tourist visa by Indian Missions abroad in absence of a separate visa category for the purpose. As tourist visa is non-convertible, non-extendable and is valid only for six months, it used to cause unnecessary harassment to the foreigners who used to come for medical treatment and required to live in India for more than six months. It was, therefore, felt necessary to facilitate foreign nationals who wish to utilize specialized health care facilities to come to India for medical treatment. The matter was considered and it was decided to introduce a new visa category called "Medical Visa (MED-Visa) and Medical Visa (MEDX-Visa). A Medical category visa may be issued with the following conditions:-

- (i) the Indian Missions/Posts abroad may scrutinize the medical documents very carefully and satisfy themselves about the bonafide purpose for which medical treatment visa is being requested;
- (ii) Missions may satisfy that the applicant has sought preliminary medical advice from his country of residence and he has been advised to go for specialized medical treatment. In case the foreign national desires to go for treatment under Indian System of Medicines, his case could also be considered; and
- (iii) This type of visa should be granted for seeking medical attendance

only in reputed/recognized specialized hospitals/treatment centers in the country. Although not exhaustive, following illustrative list of ailments would be of primary consideration; serious ailments like neuro-surgery; ophthalmic disorders; heart related problems; renal disorders; organ transplantation; congenital disorders; gene-therapy; plastic surgery; joint replacement etc. The basic idea would be that the Mission may satisfy about the need for foreign national to come to India for medical treatment/health enhancement.

Concessional travel facility

†1895. SHRI DILIP SINGH JUDEV: Will the Minister of RAILWAYS be pleased to state:

- (a) the names of trains of Indian Railways in which facility to travel at concessional rates have not been permitted to disabled persons;
- (b) the reasons therefor;
- (c) whether any other class of travellers are also not allowed to travel free or at concessional rates besides the disabled persons; and
- (d) the reasons for such kind of discrimination?

THE MINISTER OF STATE IN THE MINISTRY OF RAILWAYS (SHRI R. VELU): (a) Concession is not granted to disabled persons in Rajdhani/ Shatabdi/Jan Shatabdi and Garib Rath trains.

(b) Rajdhani/Shatabdi/Jan Shatabdi trains are premium trains in which scope of concession has been limited to patronize full fare paying passengers. The fares for Garib Rath trains are already subsidized and no concessions have been granted in these trains.

(c) Yes, Sir. Like disabled persons, concession has not been given to any other type of passengers.

(d) Rajdhani/Shatabdi/Jan Shatabdi trains are premium trains in which scope of concession has been kept limited to maximum full fare paying passengers. The fares for Garib Rath trains are already subsidized and no further concessions have been granted in these trains.

†Original notice of the question was received in Hindi.